Upstate Payroll Services, LLC.

On behalf of _____

(Employer/Business Name)

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Upstate Payroll Services, LLC. to initiate automatic deposits to my account at the financial institution named below. I also authorize Upstate Payroll Services, LLC. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Upstate Payroll Services, LLC. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Upstate Payroll Services, LLC. receives a written notice of cancellation from me, my financial institution or until I submit a new direct deposit form to the Office Manager.

Account Information

Name of Employee (Print): _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

You must attach a voided check, deposit slip, and/or printout from your financial institute that shows routing number, account number, and indication of checking or savings and return this form to the Office Manager. If there is any info missing or the additional items are not included your direct deposit will not be setup.
You will receive a live check until correct documentation is received.